each in	ARIZONA STATE B BUREAU OF VIT 1. PLACE OF BIRTH STANDARD CERTIF	AL STATISTICS Registered No. 105
her of	910	State are:
cunu s	District of Townsmith	or Village
RECORD ach, and the	City No. (If birth courred in a hospital or institution, give its NAME instead of street and number)  2. Full name of child Roy Doneld Batton [supplemental report, as directed.]	
E PLAINLY WITH UNFADING INC.—THIS IS TO PARMANENT RECORD one child at a birth, a SEPARATE SETURN must be made for each, and the number order of hirth stated.	3. Sex of Child To be answered ONLY 1. Twin, triplet or other. in event of plural births. 5. No., in order of birth	6. Legitimate? 7. Date of birth Month Jay Year
	8. Full name William Raymond Barton	14. Full maiden name Vera Elig, Legginbothem
	9. Residence (Usuai place of abode)	15. Residence (Usual place of abode)
	If non-resident, give place and state.  10. Color or race  11. Age at last birthday (Years)	16. Color of race  17. Age at last birthday 27 (Years)
	12. Birthplace (city or place)	18. Birthplace (city or place) Village Sperings (State or country)
	13. Occupation Nature of Industry	19. Occupation  Nature of industry
	20. Number of children of this mother	ad now living 21. Were precautions taken against oph- thalmia neonatorum?
/RXT	I hereby certify that I attended the birth of this child, who was Boulative or stillborn.)  (Born slive or stillborn.)	
of more	*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	Physician (Physician or Midwife).
own ni-	Given name added from a supplemental report Month, day, year	Tlobe, anyona.
Υ Z	925-516·	584 Registrar